

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039386

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 142

FILED OCT 22 1962

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp.		c. CITY OR TOWN O'Fallon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 901 St Paul Lane	

3. NAME OF DECEASED (Type or print) First Middle Last Frank John Wessels			4. DATE OF DEATH Month Day Year October 18, 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/26/94	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paint, Paper, Plaster		10b. KIND OF BUSINESS OR INDUSTRY Int. Decorator		11. BIRTHPLACE (City and state or country) St Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME John Wessels		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Maude Mosley Wessels	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unavailable		17. INFORMANT Mack Shipp, 901 St Paul Lane, O'Fallon, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i> DUE TO (b) <i>Hypertensive Cardiovascular Disease</i> DUE TO (c) <i>10 yrs.</i>		INTERVAL BETWEEN ONSET AND DEATH 5 HRS.	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION County STATE		

21. I attended the deceased from <i>10/18/62</i> to <i>10/18/62</i> and last saw him alive on <i>10/18/62</i> Death occurred at <i>8:12 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Robert J. Briski</i> (Degree or title) D.O.		22b. ADDRESS Troy, Missouri		22c. DATE SIGNED 10/19/62	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10/20/62	23c. NAME OF CEMETERY OR CREMATORY Keysville Cemetery		23d. LOCATION (City, town, or county) (State) Keysville, Missouri	

24. FUNERAL DIRECTOR Jonas Funeral Home, Steelville, Mo.		25. DATE RECD. BY LOCAL REG. 10-19-1962		26. REGISTRAR'S SIGNATURE <i>Charlotte Leek</i>	
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(Licensed Embalmer's Statement on Reverse Side)

ROBERT J. BRISKI D.O.
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

OCT 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.